

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/939714

APPLICANT(S)

FILING DATE

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3		3		3	
TOTAL DEP.	33		33		33	
TOTAL CLAIMS	36		36		36	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS